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PATENT APPLICATION FEE DETERMINATION RECORD							Application or Docket Number					
FATERI AFFLICATION FEE DETERMINATION RECORD							F	UNI	_	121		
CLAIMS AS FILED - PART I						SMA	LL EN	TITY	OR	OTHER TH SMALL EN		
(Column 1) (Column 2)												
FOR		NUMBER	NUMBER FILED		NUMBER EXTRA		TE	FEE		RATE	FEE	
	IC FEE EFR 1.16(a))							s	OR		s <u>710</u>	
TOTAL CLAIMS (37 CFR 1.16(e))		4	9 minus 20 =		* 0		_=		OR	x \$=		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		MS C	minus 3 =		* U		_=		OR	x=		
MULTIPLE DEPENDENT CLAIM PRE			SENT (37 CFR 1.16(d))			+	=		OR	+=		
* If the difference in column 1 is less then zero, enter "0" in column 2							AL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMA	LL E	NTITY	OR	OTHER TI		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA'	re	ADDI- TIONAL FEE	OR OR	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(e))	*	Minus	**	=					x \$=		
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	_=		OR	x=		
⋖	FIRST PRESENTATION OF MULTIPLE DI			PENDENT CLAIM (37 CFR 1.16(d))		+	_=		OR	+=		
(Column 1) (Column 2) (Column 3)						TO ADDIT.	TAL FEE		OR	TOTAL ADDIT, FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$_	=		OR OR	x \$=		
	Independent	*	Minus	***	=	x_	=		OR	_v =		
A		ENTATION OF M	ULTIPLE DEI	PENDENT CLAIM	(37 CFR 1.16(d))	1 -	=		OR	. +=		
(Column 1) (Column 2) (Column 3)						T ADDI1	OTAL . FEE		OR	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R. x \$_	АТЕ	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=					x \$=		
MED	Independent (37 CFR 1.16(b))	*	Minus	***	=	x		:	OF	x =		
₹	FIRST PRE	SENTATION OF M	ULTIPLE DE	PENDENT CLAIM	(37 CFR 1.16(d))] [+_	=	-	OI	₹ +=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE									OI	ADDIT, FEE	•	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". *** If the "Bighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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